**The information in this form is to help us best assess your suitability for our programme.**

**Confidentiality**: All information disclosed on this form, together with any professional reports, will be remain confidential between The Nehemiah Project, the applicant and the referring officer/agency. The only exceptions are where directed by a court of law or where the interests of public protection genuinely prevail.

Nehemiah runs a 3-month daily course to help you overcome your addiction. Residents cannot work while taking the course, and attendance is obligatory. We are here to help you change your life.

**WE CANNOT ACCEPT PEOPLE TAKING METHADONE, DRUGS OR ALCOHOL**

**WE CANNOT ACCEPT PEOPLE WITH A HISTORY OF ARSON OR SEXUAL ASAULT**

**Please call to discuss individual situations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What kind of referral is this?**  **If “other” please specify** | Self referral | Probation worker | Chaplaincy | Other  ………………………. |
| **Where di you hear about TNP** | Flyer | Presentation | Social Media | Other  ………………………. |

**Applicant Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant name** | Click or tap here to enter text. | | | | |
| **Date of birth** | Click or tap to enter a date. | | | | |
| **National Insurance Number** | Click or tap here to enter text. | | | | |
| **Contact phone** | Click or tap here to enter text. | | | | |
| **Is the applicant in prison?** | Yes | No | **Prison number** | | Click or tap here to enter text. |
| **Release date:** | Click or tap to enter a date. | | | | |
| **Does the applicant have any arson convictions** | Yes | | | No | |
| **Does the applicant have any sexual offences** | Yes | | | No | |
| **Current or prison if relevant** | Click or tap here to enter text. | | | | |

**Referrer Details**

|  |  |
| --- | --- |
| **Referrer name** | Click or tap here to enter text. |
| **Organisation (if applicable)** | Click or tap here to enter text. |
| **Position** | Click or tap here to enter text. |
| **Contact numbers** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

**Health Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Which substances has the applicant been dependent on? | Alcohol | Cocaine  /crack | Cannabis | Opiates | Benzos | Other  ………… |

|  |  |
| --- | --- |
| Please give details of any physical health problems and how they are treated | Click or tap here to enter text. |
| Does the applicant have a diagnosis for the following mental health conditions? Please tick all that are applicable.  For any conditions ticked, please give full details of any medication prescribed. | Depression |
| Paranoia  Schizophrenia  Psychosis |
| Other - please give details Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Is there a history of suicidal thoughts or attempts?  Please give details | 3 months | 12 months | Historical |
| Click or tap here to enter text. | Click or tap here to enter text. |  |